Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FIL	ING					
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241			
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201	
EMAIL Margaret.Wilson@medicaid.ms.gov	JUN 2 6 2014	Rule 2.1: Duties of the Division	number of rule(s): Division of Medicaid, Part 100: General, Chapter 2: Agency Duties, Duties of the Division of Medicaid, New Chapter 9: Administrative e 9.3: Declaratory Opinions and New Rule 9.4: Oral Proceedings			
Short explanation of rule/amendment/rep Administrative Code proposed filing is to the Division of Medicaid, and to add Ch Declaratory Opinions as required by Mis Specific legal authority authorizing the p Miss. Code. Ann. §§ 25-43-2.103, 25-43 List all rules repealed, amended, or suspe Chapter 2: Agency Duties, Rule 2.1: Dut Declaratory Opinions and New Rule 9.4: ORAL PROCEEDING:  An oral proceeding is scheduled for this respectively, an oral proceeding is not scheduled.	o amend Title 23: Mapter 9: Administra is. Code. Ann. § 25 romulgation of rule -121. ended by the proposities of the Division Oral Proceedings	Medicaid, Part 100: General, of tive Rules, New Rule 9.3: De -43-2.103.  sed rule: Title 23: Division of Medicaid, New Chapter 9:	Chapter 2: A relaratory Op Medicaid, F Administrat	gency Duties, F inions and New Part 100: Gener	Rule 2.1: Duties of v Rule 9.4: ral,	
If an oral proceeding is not scheduled, an oral subdivision, an agency or ten (10) or more per within twenty (20) days after the filing of this telephone number of the person(s) making to number of the party or parties you represent arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT:	I proceeding must be ersons. The written re notice of proposed re ne request; and, if yo . At any time within rule/amendment/re	equest should be submitted to to rule adoption and should include u are an agent or attorney, the i the twenty-five (25) day public of peal may be submitted to the fil	he agency con the name, ac name, address comment peri- ing agency.	ntact person at the ddress, email add s, email address, od, written subm	ne above address dress, and and telephone	
TEMPORARY RULES	SED ACTION ON RULES			) DILLE		
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action proposeX New ruleX AmendaRepeal oAdoption Proposed final 30 days a	ed: e(s) nent to existing rule(s) f existing rule(s) by reference effective date:	FINAL ACTION ON RULES  Date Proposed Rule Filed:  Action taken: Adopted with no changes in text  Adopted with changes  Adopted by reference  Withdrawn  Repeal adopted as proposed  Effective date: 30 days after filing  Other (specify):			
Printed name and Title of person authorized Signature of person authorized to file rules:	o file rules Davi	id J. Dzielak, Ph.D., Executive Dir		(		
OFFICIAL FILING STAMP	JU MIS SECRET	IN 2 6 2014 SSISSIPPI TARY OF STATE		OFFICIAL FILING	ТАМР	
Accepted for filing by	Accepted for fil		Accepted for filing by			

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.